

# *epi* TRENDS

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## Immediately Notifiable Conditions in Washington State and Neighboring Jurisdictions

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Communicable diseases continue to be common and serious threats to health, both for the individual and for society. In almost all jurisdictions, selected communicable conditions are reportable to public health authorities. The purpose of notifiable conditions reporting is to provide information which can be used to conduct timely investigations and public health control interventions with the goal of limiting morbidity and mortality.

### Notifiable Conditions

In this country, states participate in a cooperative and voluntary disease tracking system that reports to the United States Centers for Disease Control and Prevention (CDC). A jointly established national list of notifiable conditions includes communicable diseases reported by most states. However, each state can and typically does establish its own reporting requirements. Disease reporting sources may include health care providers, laboratories, hospitals and others. Reporting requirements vary by reporting source.

All disease intervention involves similar core activities for each case which include detection, reporting, and investigation in a timely manner. The appropriate timeliness, including requirements for immediacy of reporting, depends on the disease or condition and the reason for tracking it. A condition may be immediately notifiable for urgent case treatment (e.g., tetanus), because it is highly contagious (e.g., measles) or if there is ongoing risk to the community (e.g., bioterrorism agent.) Prompt public health interventions for immediately notifiable conditions can control spread and reduce morbidity and mortality.

The definition of an immediately notifiable condition varies from state to state and across international borders and reflects perceived risk to the population. Factors that influence perceived risk may include severity of cases or outbreaks, ease of transmission, and the rarity or frequency of cases. The Washington Administrative Code designates a subset of notifiable conditions ("immediately notifiable conditions") for Washington State that are of urgent public health importance and must be reported immediately when suspected or diagnosed.



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## Pacific Northwest Emergency Management Arrangement (“PNEMA”)

In 1996-97, states in the U.S. Department of Health and Human Services Region X (Washington, Oregon, Idaho, and Alaska) and two Canadian provinces or territories (British Columbia and Yukon) signed the Pacific Northwest Emergency Management Arrangement (PNEMA). In 1998, PNEMA was authorized by the U.S. Congress as required under the U.S. Constitution whenever a state enters into an agreement with either another state or country. PNEMA is the first and to date only international civil emergency preparedness and response agreement that has received such congressional approval. Most recently, PNEMA implementing procedures, called Annex B, were signed by the government leaders of Washington State and British Columbia. It is expected that the remaining PNEMA states and Yukon will sign Annex B during 2007.

PNEMA provides for cooperative activities to improve civil preparedness and response across jurisdictional boundaries. Response planning involves comprehensive and coordinated preparedness and response measures. A timely regional response to a natural, technological, or intentional disaster would provide better public health intervention. In addition to sharing warnings and notifications across boundaries, PNEMA provides for sharing of public health information, specimens, and laboratory data. In event of a large scale emergency, mutual assistance would include sharing resources including health care personnel. PNEMA also provides for movement of evacuees or refugees.

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## Cross-Border Surveillance

Like emergencies, notifiable conditions do not follow political boundaries. Infected travelers or contaminated products can cause widespread outbreaks. In order to respond and control an outbreak, public health activities must also cross boundaries. In the past decade, Washington and British Columbia have cooperated on investigations of several foodborne outbreaks of *Salmonella spp.*, *E. coli* O157:H7 and *V. parahaemolyticus*. There also have been investigations of possible cross-border exposures to avian influenza H7N3 and poliomyelitis.

Strengthening cross-border surveillance will focus on coordination, prioritization and streamlining of surveillance activities. As part of PNEMA activities, DOH compiled a table comparing disease reporting across PNEMA jurisdictions. There are differences in requirements for conditions and for immediacy of reporting (Table). The time frame for routine reporting varies from one working day in Oregon to three days in Washington, three working days in Yukon and Idaho, five working days in Alaska, and seven days in British Columbia.

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In addition to routine reporting, the jurisdictions each have a list of immediately notifiable conditions. Some conditions are immediately notifiable or reportable with 24 hours by health care providers across all PNEMA jurisdictions: anthrax, botulism, diphtheria, measles, meningococcal disease, plague, polio, and human rabies. In contrast, a few conditions are immediately notifiable in only one jurisdiction such as cryptosporidiosis (British Columbia) and mumps (Yukon.) Finally, there are conditions immediately notifiable in some jurisdictions and not notifiable in others, including invasive group A streptococcal disease, relapsing fever, and typhus.

Through a series of annual cross border workshops, epidemiologists in United States and Canadian Pacific Northwest jurisdictions have been working towards establishing systems to transmit information quickly and efficiently about communicable disease events to their neighbors. One step involves identifying the commonalities and differences between notifiable condition reporting standards. This multi-jurisdictional list of notifiable conditions was developed to assist alerting decisions to neighboring jurisdictions when cases involving these agents are encountered. It is the responsibility of the Washington State Department of Health's Communicable Disease Epidemiology section (DOH CDES) to notify other states and British Columbia when these conditions are identified. To facilitate timely reporting by DOH to other states and British Columbia, Local Health Jurisdictions (LHJs) in Washington are requested to immediately notify CDES when suspected cases are identified in their jurisdiction.

Cross-border activities such as the PNEMA Agreement develop a coordinated public health response across borders. Reciprocal notification, coordinated disease surveillance, and joint investigations will improve public health services for all involved jurisdictions.

Please see the table on the following pages for a comparison of reporting requirements among states and provinces.

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Information about infectious conditions under public health surveillance is available from CDC at <http://www.cdc.gov/epo/dphsi/casedef/index.htm>

Information about infectious disease reporting in Washington is available at <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-101>

## Infectious Diseases Immediately Reportable by Health Care Providers (for PNEMA members: British Columbia, Yukon, Alaska, Idaho, Oregon and Washington)

Infectious Diseases	BC	YK	AK	ID	OR	WA
Anthrax	Immed	1 working day	Immed	Immed	Immed	Immed*
Botulism	Immed	Immed	Immed	Immed	Immed	Immed
Brucellosis	Immed	√	√	1 working day	√	Immed
Cholera	24 hours	1 working day	reportable as "vibriosis"	1 working day	reportable as "vibriosis"	Immed
Cryptosporidiosis	24 hours	√	√	√	√	√
Cyclosporiasis	24 hours	√	√		√	√
Diphtheria	Immed	Immed	Immed	Immed	Immed	Immed
E. coli, enterohemorrhagic	24 hours	Immed	E. coli 0157:H7 only	1 working day	√	Immed
Group A streptococcal disease, Invasive	24 hours	Immed	√	√		
Haemophilus influenzae, invasive	24 hours	Immed	√	1 working day	24 hours	Immed
Hantavirus pulmonary syndrome	Immed	1 working day		1 working day	1 week	√
Hemorrhagic viral fevers	Immed		Immed	E	U	R
Hemolytic uremic syndrome (HUS)	24 hours			1 working day	√	Immed
Hepatitis A	24 hours	1 working day	√	1 working day	√	Immed
Hepatitis B	√	1 working day	√	1 working day	√	√
Hepatitis E	24 hours	reportable as "hepatitis non A, non B, non C"				reportable as "viral hepatitis, unspecified"
Legionellosis		1 working day	√	√	√	√
Listeriosis	24 hours	√	√	√	√	Immed
Measles (Rubeola)	Immed	Immed	Immed	1 working day	24 hours	Immed
Meningococcal disease, invasive	24 hours	Immed	Immed	1 working day	24 hours	Immed
Mumps	√	Immed	√	√	√	√
Norovirus				1 working day		
Paralytic shellfish poisoning (PSP)	Immed		Immed	E	Immed	Immed
Paratyphoid	24 hours	√	reportable as "salmonellosis"	reportable as "salmonellosis"	reportable as "salmonellosis"	reportable as "salmonellosis"
Pertussis (whooping cough)	√	1 working day	√	1 working day	√	Immed
Plague ( <i>Yersinia pestis</i> )	Immed	1 working day	Immed	Immed	Immed	Immed
Poliomyelitis	Immed	Immed	Immed	1 working day	24 hours	Immed
Q Fever			√	1 working day	1 working day	√
Rabies, human	Immed	Immed	Immed	Immed	24 hours	Immed
Relapsing fever				√	reportable as "borrelia"	Immed
Rubella	√	1 working day	Immed	1 working day	24 hours	Immed
Salmonellosis	24 hours	√	√	1 working day	√	Immed
Severe acute respiratory syndrome (SARS)	Immed	Immed	Immed	1 working day	U	R
Shigellosis	24 hours	√	√	1 working day	√	Immed
Smallpox	Immed	Immed	Immed	Immed	U	reportable as "disease of suspected bioterrorism origin"
<i>Streptococcus pneumoniae</i> infection, invas.	24 hours	√	√			

Shaded boxes denote "accelerated" reporting timelines (i.e., reported immediately, within 24 hours, or within 1 working day, depending upon jurisdiction and/or condition).

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<b>Infectious Diseases</b>	<b>BC</b>	<b>YK</b>	<b>AK</b>	<b>ID</b>	<b>OR</b>	<b>WA</b>
Tetanus	√	√	Immed	√	1 week	√
Tuberculosis	√	Immed	√	√	√	Immed
Tularemia	Immed	1 working day	Immed	Immed	√	√
Typhoid	24 hours	Immed	√	reportable as "salmonellosis"	reportable as "salmonellosis"	reportable as "salmonellosis"
Typhus				E	reportable as "rickettsia"	Immed
Vibriosis	24 hours		√	E	24 hours	√
West Nile virus infection	24 hours	1 working day	√	√	reportable as "arthropod vector-borne"	reportable as "arboviral disease"
Yellow fever	√	1 working day	√	E	reportable as "arthropod vector-borne"	Immed

**Generalized Categories**

Foodborne illness, all causes	24 hours	1 working day		1 working day	Immed**	Immed**
Waterborne illness	24 hours			1 working day	Immed**	Immed**
Gastroenteritis outbreaks (bacterial; parasitic; viral)	24 hours	Immed			Immed	
Meningitis/Encephalitis (bacterial, viral or other)	24 hours***	1 working day		√	Immed**	
Disease of suspected bioterrorism origin (Washington)						Immed
Extraordinary occurrence of illness (Idaho) including syndromic clusters with or without etiologic agent				1 working day		
Rare diseases of public health significance (Washington)						Immed
Uncommon illness of potential public health significance (Oregon)					Immed	
Unexplained critical illness or death (Washington)						Immed
Outbreak/unusual number or clustering of diseases or other conditions of public health importance			Immed		Immed	

*Shaded boxes denote "accelerated" reporting timelines (i.e., reported immediately, within 24 hours, or within 1 working day, depending upon jurisdiction and/or condition).*

√ = Reportable within routine reporting timeline (see below for timelines by jurisdiction)

\* Suspected bioterrorism only

\*\* Clusters only

\*\*\* With the exception of viral encephalitis which is reportable within routine reporting timeline

R = May be reportable as "Rare disease of public health significance" (immediately reportable)

U = May be reportable as "Uncommon disease of public health significance" (immediately reportable)

E = May be reportable as "Extraordinary occurrence of illness..." (reportable within 24 hours)

Blank space = not specifically mentioned as reportable condition in health care provider reporting guidelines for this province, territory or state. May be reportable by laboratories instead or reportable by health care providers under a more general category such as "Uncommon disease of public health significance."

**Routine reporting timelines by jurisdiction:**

**BC: 7 days   YK: 3 working days   AK: 5 working days   ID: 3 working days   OR: 1 working day   WA: 3 days**